STREEM FOR MEDICARS REMOICAD SERVICES (XI) PROMOBENS PREJUCED (XI) PROMOBEN PROJECT (XI) PROMOBEN OF PROMOBEN OF PROMOBEN PROJECT (XI) PROMOBEN PROJECT (XI) PROMOBEN OF SUPPLIES (XI) PROMOBEN OF PROMOBEN OF SUPPLIES (XI) PROMOBEN OF SUPPLIES (XI) PROMOBEN OF PROMOBEN OF SUPPLIES (XI)	DEPART	MENT OF HEALTH	AND HUMAN SERVICES (+t :- 1.	N. 1 41.		10/20/2018
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A BULDING 01 - MAIN BUILDING 01 INAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FARRAGUT ASSUMPTION ASSUMPTION OF DEFICIENCIES AND DEFICIENCY MAINS BE PRECEDED BY PRU RESULATORY OR LIGH IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 10/17/16. During this Life Safety Survey, NHC Healthcare, Farragut was found to in substancial compliance with the requirements for participation in Netclare/Medical at 42 CFR Subpart 483,70(a). Life Safety from Pice, and the related National Fire Protection Association (NFPA) standard 101-2000. The requirement at 42 (CFR), Subpart 483,70(a) is NOT MET as evidenced by: an Approved automatic fire extinguishing system in accordance with the approved automatic fire extinguishing system in accordance with the approved automatic fire extinguishing system of the spaces by smoke resisting partitions and doors. Doors are self-leckang and non-rated or field-applied protective plates that do not exceed 48 Inches from the bottom of the door are parmitted. 19,3,2,1 This STANDARD is not met as evidenced by: Based on observations, the facility feiled to maintain the hexardrous areas. When the importance will be inspected quarterly to cassure proper operation per NFPA. 3. All doors will be inspected quarterly to cassure proper operation per NFPA. 3. All doors will be inspected quarterly to cassure proper operation per NFPA. 4. Mainterance will monitor quarterly (x4). Completion date: 4. Mainterance will monitor quarterly (x4). Completion date:	CENTER	S FOR MEDICARE		5 - 12/6	12/28/16		
NHE OF PROVIDER OR SUPPLIER NHICH REALTHCARE, FARRAGUT KAJID SUMMARY STATEMENT OF DEFICIENCIES (SAJID) SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MIST SEE PRECEDED BY PULL REQUIATION OR Lac IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 10/17/16. During this Life Safety Survey, NHC Healthcare, Farragut was found not in substancial compliance with the requirements for participation in Medicare/Medicared 42 (CFR), Subpart 483,70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2000. The requirement at 42 (CFR), Subpart 483,70(a) is NOT MET as evidenced by: K 029 Choose a server of the safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2000. The requirement at 42 (CFR), Subpart 483,70(a) is NOT MET as evidenced by: K 029 One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire exidinguishing system in accordione with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved submatic fire exidinguishing system option is used, the areas are separated from other spoaces by smoke realsting partitions and doors. Doors are self-clasing and non-rated or field-applied protective pilates that do not excesed 48 inches from the bottom of the door are parmitted. 19,3.2.1 This STAMDARD is not met as evidenced by: Based on observations, the facility failed to maintain the heazardous areas. The finding included: Observation an 10/17/16 at 10:14 AM, revealed rated flips doors not self-closing within the frame in thayfollowing locations: a, Distary door	STATEMENT AND PLAN O	OF DEFICIENCIES P CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		£ CONSTRUCTION	(X3) DATI	E SURVEY
NHC HEALTHCARE, FARRAGUT 120 CAVETT HILL LANE RODOWNER PLAN OF CORRECTION GAME DEPOTED SET RECEDED BY FULL RESOLUTION OF Lest DEPOTED SET RECEDED BY FULL RESOLUTION OF Lest DEPOTED SET RECEDED BY FULL RESOLUTION OF Lest DEPOTED SET RESOLUTION OF LEST DEPOTED SET DEPOTED DE CONCESS-REFERENCED TO TOUR SEASURE DEPOTED SET DEP			445 415	B. WING		10/	17/2016
ROUNTILLE, TN 37320 SUMMANY SYMPLETY OF DEPOSEDED YPUL FREEK TAG SUMMANY SYMPLETY OF DEPOSED BY FUL FREEK TAG NOTITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Lorensure and Regulation Office of Health Care Facilities survey on 10/17/16. During this Life Safety Survey, NHC Healthcare, Farragut was found not in substancial compliance with the requirements for participation in Medicare/Medicidal at 42 CFR Subpart 483,70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2000. The requirement at 42 (CFR), Subpart 483,70(a) is NOT MET as evidenced by: ROY MET as evidenced by: ROY MET as evidenced by: In Add or 19.3.5.4 protects hazardous areas. When the approved automatic fire oxidinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire oxidinguishing system or population of the door are population in used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not axosad 48 inches from the bottom of the door are populated. This plan of correction is submitted as required under state and federal law and does not constitute an admission on the part of NRIC Readthcare, trangut that the findings constitute an admission on the part of NRIC Readthcare, trangut that the findings constitute an admission on the part of NRIC Readthcare, trangut that the findings constitute an admission on the part of NRIC Readthcare, trangut that the findings constitute an admission on the part of NRIC Readthcare, trangut that the findings constitute an admission on the part of NRIC Readthcare, trangut that the findings constitute an admission on the part of NRIC Readthcare, trangut that the findings constitute an admission on the part of NRIC Readthcare, trangut that the findings constitute an admission on the part of NRIC Readthcare, trangut that	NAME OF F	HOVIDER OR SUPPLIER					
FREEN TAG SEQUILATORY OR Lac IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Licensure and Regulation Office of Health Care Facilities survey on 10/17/16. During this Life Safety Survey, NHC Healthcare, Farmagut was found not in substancial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 493.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) stendard 101-2000. The requirement at 42 (CFR), Subpart 483.70(a) is NOTI MET as evidenced by: R 029 K 029 K 029 NFPA 101 LIFE SAFETY CODE STANDARD One hour fire reted construction (with o hour fire-rated doors) or an approved automatic fire exidinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved submet fire exiting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not excead 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the fazardous areas. The finding inlouded: Observation on 10/17/16 at 10:14 AM, revealed rated type doors not self-closing within the frame in thay-following locations: a. Distanty door	NHC HE	ulthcare, Farrag	ሆ ተ	1			
A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 10/17/16. During this Life Safety Survey, NHC Healthcare, Farragut was found not in substancial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2000. The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by: K 229 NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire exidinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire admiguishing system option is used, the areas are seperated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is and more feeling and son-field inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is admirated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is admirated from other spaces or positive lated processing partition of the doors and self-closing within the frame in the following locations: 2. All doors will be inspected to casure the doors close to a positive jatch, and meet other NFPA standards. 4. Maintenance will monitor quarterly (x4). Completion date:	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI	JLD BE	COMPLETION
Is NOT MET as evidenced by: NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the hazardous areas. The finding inlouded: Observation on 10/17/16 at 10:14 AM, revealed rated fipe doors not self-closing within the frame in the following locations: a. Detary door K 029 K 029 L Door closures listed, dietary door and elevator equipment room door in Executive Chef's office, were properly adjusted to ensure they close to a positive latch per NFPA guidelines pertaining fire and smoke doors. No harm was found to patients. 2. All doors will be inspected quarterly to ensure proper operation per NFPA. 3. All doors will be inspected to ensure the doors close to a positive latch and meet office resulting fire and smoke doors and elevator equipment room door in Executive Chef's office, were properly adjusted to ensure they close to a positive latch per NFPA guidelines pertaining fire and smoke doors. No harm was found to patients. 2. All doors will be inspected quarterly to ensure proper operation per NFPA. 3. All doors will be inspected to ensure the doors close to a positive latch per NFPA. 4. Maintenance will monitor quarterly (x4). Completion date:	K 000	A Life Safety Code State of Tennessee Division of Health L Office of Health Ca 10/17/16. During th Healthcare, Farragi compliance with the in Medicare/Medica 483,70(a), Life Safe National Fire Protes standard 101-2000	Survey was conducted by the Department of Health Iconsure and Regulation re Facilities survey on Is Life Safety Survey. NHC ut was found not in substancial requirements for participation at 42 CFR Subpart pays from Fire, and the related ction Association (NFPA)	K 000	This plan of correction is submit required under state and federal ladoes not constitute an admission on of NHC RealthCare, Farragut it findings constitute a deficiency, or scope and severity regarding any decited is correctly applied. Please accept this plan of correction	aw and the part hat the that the ficiency	
LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (XS) DAILE	8 S =D	One hour fire rated fire-rated doors) or extinguishing syste and/or 19.3.5.4 provine approved automoption is used, the other spaces by sm doors. Doors are a field-applied protect 48 inches from the permitted. 19.3.2 This STANDARD is Based on observation and 10/rated fipe doors not in the following local at Dietary door.	denced by: FETY CODE STANDARD construction (with o hour an approved automatic fire in in accordance with 8.4.1 tects hazardous areas. When natic fire extinguishing system areas are separated from toke resisting partitions and elf-closing and non-rated or tive plates that do not exceed bottom of the door are in the facility failed to do not areas. In the facility failed to do not areas.	-	1. Door closures listed, dietary delevator equipment room delevator equipment for NFPA guidelines pertain and smoke doors. No harm was apatients. 2. All doors will be inspected quarensure proper operation per NFPA. 3. All doors will be inspected to endoors close to a positive latch a other NFPA standards. 4. Maintenance will monitor quarters.	loor in properly positive ning fire found to reterly to a sure the nd meet	1/7/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/20/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CHA (X2) MULTIPLE CONSTRUCTION (XII) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445415 B. WING 10/17/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 GAVETT HILL LANE NHC HEALTHCARE, FARRAGUT KNOXVILLE, TN 37922 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION DATE PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE TAB DEFICIENCY) K 029 | Continued From page 1 K 029 b. Elevator equipment room in the Executive Chefs office. NFPA 101, 19.3.2 (2000 Edition) The maintenance director was present when these deficiencies were identified, these deficiencies were acknowledged by the administrator during the exit conference on 10/17/16. K 062 NFPA 101 LIFE SAFETY CODE STANDARD K 062 K 062 SS=D Required automatic sprinkler systems are 1. All sprinkler heads with corrosion listed continuously maintained in reliable operating (Space behind commercial dryers, dietary condition and are inspected and tested cooler, upstairs central bath, upstairs periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, locker room, 2rd floor (inside) stair well 9.7.5 by service elevator) will be replaced to This STANDARD is not met as evidenced by: meet all NFPA guidelines encompassing sprinkler heads. No harm was found to Based on observations, the facility failed to maintain the sprinkler system. patients. All sprinkler heads were checked building The findings inlouded: wide. Corroded sprinkler heads will be replaced by November 7, 2016. 1. Observation on 10/17/16 at 10:10 AM through 12:10 PM, revealed sprinklers with corrosion Sprinkler heads in each area will be accumulation in the following locations: inspected during scheduled HVAC air a. Space behind commercial dryers filter PM schedule (Monthly in high traffic areas and quarterly in all other b. Dietary cooler areas.) c. Upstairs central bath d. Upstairs staff locker room Maintenance will monitor quarterly (x4) e. 2nd floor (inside) stair well by service elevator. to ensure sprinkler heads are maintained NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, per NFPA standards. 9.7.1.1(2000 Edition), NFPA 13, 12-1 (1999 . Completion date: Edition), NFPA 25, 2-2.1.1 (1999 Edition), 11/7/16 All sprinkler heads with physical damage 2. Observation on 10/17/16 at 10:13 AM through listed (Kitchen bread making station, 11:08 AM, revealed sprinklers with physical kitchen janitors closet, and service damage in the following locations: corridor outside of Dietary Managera a. Kitchen bread making station (1) office) will be replaced to meet all NFPA b Kilchen janitors closet (1) guidelines encompassing sprinkler heads.

No harm was found to patients.

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STATEMENT OF DÉFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				PLE CONSTRUCTION (X3) DATE SURVEY IG 01 - MAIN BUILDING 01 COMPLETED
		445415	B. WING	10/47/2016
	PROVIDER OR SUPPLIER ALTHCARE, FARRAG	UT		STREET ADDRESS, CITY, STATE, ZIP CODE 120 CAVETT HILL LANE KNOXVILLE, TN 37922
(X4) ID PREFIX TAG	I (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION]	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X6)
	Continued From page 2 c. Service corridor outside the Dietary managers office (1). NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1(2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25, 2-2.1.1 (1999 Edition). 3. Observation on 10/17/16 at 10:15 AM, revealed sprinklers covered with a foreign material (dirt) in the following locations: a. Kitchen around kitchen hood (6) b. Therapy (2) (10:36 AM) c. Upstairs in comidor by service elevator (1) (10:40 AM) NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1(2000 Edition), NFPA 101, 9.7.1.1(2000 Edition), NFPA 101, 9.7.1.1 (1999 Edition), NFPA 25, 2-2.1.1 (1999 Edition), The maintenance director was present when these deficiencies were identified, these deficiencies were acknowledged by the administrator during the exit conference on 10/17/16.		K 06	 All sprinkler heads were checked building wide. Physically damaged sprinkler heads will be replaced by November 7, 2016. Sprinkler heads in each area will be inspected during scheduled HVAC air filter PM schedule (Monthly in high traffic areas and quarterly in all other areas.) Maintenance will monitor quarterly (x4). Completion date: All sprinkler heads with foreign debris listed (Kitchen around kitchen hood (6), Therapy (2), and upstairs in corridor by service elevator) will be cleaned and maintained to meet all NFPA guidelines encompassing sprinkler heads. No harm was found to patients. All sprinkler heads were checked building wide.
K 064 SS=D	Portable fire extinguinspected, and main occupancies in accuration. 18.3.5.6, 19.3.5.6 This STANDARD is Based on observational included the finding included Observation on 10/fire extinguisher observation on 10/fire extinguisher observation.	_	K 06	3. Sprinkler heads in each area will be inspected and cleaned during scheduled HVAC air filter PM schedule (Monthly in high traffic areas and quarterly in all other areas.) 4. Maintenance will monitor quarterly (x4). Completion date: K 064 1. The fire extinguisher found obstructed by a cart in the food warming area upstairs was relocated and meets NFPA guidelines regarding portable fire extinguishers. Staff was reprimanded. No harm was

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PRINTED: 10/20/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0936-0391</u> STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION UCI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 445415 10/17/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 CAVETT HILL LANE NHC HEALTHCARE, FARRAGUT KNOXVILLE, TN 37922 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETION (X2) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) Continued From page 3 K 064 (2000 Edition), NFPA 101, 9.7.4.1 (2000 Edition). All fire extinguishers will be checked for NFPA 10, 1-6.6 (1998 Edition) the potential of obstruction. Fire extinguisher, placement will be assessed for any further obstruction issues The assistant administrator was present when and staff will be educated on guidelines these deficiencies were identified, these regarding portable fire extinguishers. deficiencies were acknowledged by the maintenance director and administrator during Maintenance will monitor on a monthly the exit conference on 10/17/16. basis during routine fire extinguisher K 077 NFPA 101 LIFE SAFETY CODE STANDARD inspections. K 077 SS#D Completion date: 11/7/16 Piped in medical gas systems comply with NFPA 99, Chapter 4. K 077 This STANDARD is not met as evidenced by: Based on observations, the facility failed to The medical gas lines above the ceiling at maintain the medical gas lines. areas listed (Rooms 351, 352, and 359) touching dissimilar metals were insulated The findings intuded: with polyurethane insulation or were mechanically separated to meet NFPA guidelines regarding medical gas lines. Observations on 10/17/16 at 1:01 PM through No harm was found to patients. 1:30 PM, revealed medical gas lines above ceiling touching various dissimilar metals in the All medical gas lines were traced were following locations: traced from input to output, inspected for a. 351 any lines touching dissimilar metals and b. 352 separated using polyurethane insulation or c. 359; NFPA 101, 19.3,2.4 (2000 Edition), NFPA were mechanical separation. 99, 4-3.1-2.9 (1999 Edition) Maintenance will inspect areas where medical gas lines are present following The maintenance director was present when any work being completed in those areas. these deficiencies were identified, these deficiencies were acknowledged by the 4. Maintenance will monitor quarterly (x2). administrator during the exit conference on Completion date: **l**11/7/16 10/17/16. K 130 | K 130 NFPA 101 MISCELLANEOUS K 130 SS≃D OTHER LSC DEFICIENCY NOT ON 2786 Fire wall penetrations listed (3"x3" hole at This STANDARD is not met as evidenced by: TV in service hall and 3 1/2" conduit in NFPA 101 (2000 EDITION) . service hall) were filled using appropriate 3M Fire Stop systems to meet NFPA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2018 FORM APPROVED OMB NO. 0938-0391

		A MEDICAID SERVICES	,		<u></u>	<u>MB NU.</u>	0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIERICUA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		445415	B. WING	;		าก	17/2016	
	ROVIDER OR SUPPLIER ALTHCARE, FARRAG		·	12	TREET ADDRESS, CITY, STATE, ZIP CODE 20 CAVETY HILL LANE NOXVILLE, TN 37922	<u> </u>	101 (112010	
(X4) ID PREPIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION 8) HOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 130	device, equipment system, condition, protection, or any other feature is recondition, arrange level of protection, thereafter be maintained unless in Fire Barriers. 8.2.3.2.4.1* Openiair-handling ductwor air movements with 9.2.1. 8.2.3.2.4.2* Pipes, wires, air ducts, pneumatic tubes a service equipment that pass through as follows: (1) The space bettie fire barrier shall meet one of a. It shall be filled of maintaining the fire resistance b. It shall be prote is designed for the s	arrangement, level of quired for compliance with the evice, equipment, system, ment, or other feature shall the Code exempts such ons and Miscellaneous and Miscellaneous and Miscellaneous and the protected in accordance conduits, bus ducts, cables, and ducts, and similar building fire barriers shall be protected ween the penetrating item and the following conditions: with a material that is capable of the fire barrier.		130	guidelines regarding fire wall penetr. No harm was found to patients. All fire walls will be inspected to proper fire stop systems are in plano further penetrations are present. Monthly fire wall inspections we continued as normal. Maintenance will monitor on a plasis. As well, Maintenance will fire walls following any work conby vendors or employees above grade. Completion date:	ensure ce and vill be eriodic inspect apleted	11/7/16	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				I APPROVED . 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDENSUPPLIERCLIA IDENTIFICATION NUMBER.	1	ECONSTRUCTION . Of • MAIN BUILDING Of		E SURVEY MPLEYED
		445415	B WING	· ,	10	/17/2016
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODI		
NHC HE/	ALTHCARE, FARRAG	iut		20 CAVETT HILL LANE NOXVILLE, TN 37922		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEOED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	ON) COMPLETION DATE
K 130	fire barrier, and the space between shall meet one of the folia. It shall be filled wor maintaining the fire resistance b. It shall be protected by the fire resistance of the fire conditions is methal not pass through the fire resistance of the fire resistance of the fire resistance of the fire that is designed for (4) Where designs into consideration, any vibration isolated following conditions:	eve shall be solidly set in the ween the item and the sleeve flowing conditions: with a material that is capable of the fire barrier. Sted by an approved device that becific purpose. Coverings for pipes and ducts ite barrier unless one of the all be capable of maintaining re barrier. all be protected by an approved the specific purpose.				
	designed for the specific pur	tions, the facility failed to				
	The finding inlouds	∍d .				
	Observation on 10	/17/16 at 12:47 PM through	!			ļ
1744 CHR. 20	ie7(02-99) Provious Version	3 Obsolete Event ID: Zonty		Allac IC: YALIZZO		 _

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CENTER	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		FO	ED: 10/20/2016 RM APPROVED 10. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER:		1	LE CONSTRUCTION (X3)	(X3) DATE SURVEY COMPLETED	
		445415	B. WING		10/17/2016
	ROVIDER OR SUPPLIER		1	STREET ADDRESS. CITY. STATE, ZIP CODE 120 CAVETT HILL LANE CNOXVILLE, TN 37922	10/11/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACYION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETIO DATE
	Continued From page 6 12:54 PM, revealed penetrations (holes) in the following locations: a. 3x3 Inch (hole) service hall above TV/extinguisher in a gypsum wall. b. 3 1/2 inch conduit gypsum wall in the service hall. NFPA 101, 4.5.7 (2000 Edition), NFPA 101, 8.2.3.2.4 (2000 Edition) The maintenance staff was present when these deficiencies were identified, these deficiencies were acknowledged by the administrator and maintenance director during the exit conference on 10/17/16. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code, 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the electrical system.		K 130	K 147 1. Electrical junction boxes with missing cover plates listed (Room 352 above	
	electrical junction be following locations: a. 352 (above ceiling). Healthcare hallw ceiling) NFPA 101,			conducted on a routine basis with monthly fire wall inspections. 4. Maintenance will monitor on a periodic basis. As well, Maintenance will inspect junction boxes following any work completed by vendors or employees above ceiling grade.	
	Observation on two (2) extension or maintenance) above elevators 3 and 4. I	10/17/16 at 1:19 PM, revealed ords in use (removed by e the ceiling by the main lobby NFPA 101, 4.5.12.1 (2000 3-3.2.1.2 (d) 2 (1999 Edition)		Completion date: 1. Extension cords found in the ceiling of the main lobby were immediately removed by maintenance to be in compliance with guidelines referencing extension cords. No harm was found to patients.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/20/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING Of - MAIN BUILDING 01 445415 B. W(NC 10/17/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 120 CAVETT HILL LANE NHC HEALTHCARE, FARRAGUT KNOXVILLE, TN 37922 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ίĐ (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 147 | Continued From page 7 K 147 All areas above ceiling grade in the facility will be inspected to ensure no The maintenance staff and director was present extension cords are in use. when these deficiencies were identified, these deficiencies were acknowledged by the Outlets were installed in the main lobby administrator during the exit conference on area to resolve the potential need for 10/17/16. extension cord use. Maintenance will monitor quarterly (x4). Completion date: 11/7/16

FORM CMS-2567(02-09) Previous Versions Obsolete

Event (D:ZCOM21 ·

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